## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):

Henry C. LIN, et al.

Appln. No.:

837,797 Serial No. 个

April 17, 2001

Series Code か

Hon. Commissioner for Patents

PO Box 1450 Alexandria, VA 22313-1450

Sir:

Filed:

Group Art Unit

1651 Examiner:

Atty. Dkt.

R.P. Swartz

306897 C-M

Client Ref Appln. Title: METHODS OF DIAGNOSING AND

TREATING SMALL INTESTINAL BACTERIAL OVERGROWTH (SIBO)

LIN

AND SIBO-RELATED CONDITIONS

REPLY/AMENDMENT/LETTER

Date: July 9, 2004

This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto.

## FEE REQUIREMENTS FOR CLAIMS AS AMENDED

	<u> </u>	IIILIIILII OI	<u> </u>	LAIND AD AMENE	<u></u>		
1. Small Entity claim  A. □ NOT made  B. □ Withdrawn  C. □ made herewith  D. ☑ made previously  For B & C See Required Separate Paper (Pat-256)	Claims remaining after amendment	Highest number previously paid for		Present Extra	Large/Small Entity	Additional Fee	Fee Code Lg/Sm
2. Total Effective Claims	38	**minus	45	0	x \$18/\$9 =	+ \$0	1202/2202
3. Independent Claims	2	***minus	7	0	x \$86/\$43 =	+ \$0	1201/2201
4. If amendment enters <u>proper</u> multiple dependent claim(s) into this application for <u>first</u> time (leave <u>blank</u> if this is a <u>reissue</u> application)							1203/2203
6. <b>Petition is hereby made</b> to exter date to cover the date this response requisite fee is attached		ch the (2 (3 (4	1 mo) mos) mos) mos) mos)	\$110/\$55 = \$420/\$210 = \$950/\$475 = \$1,480/\$740= \$2,010/\$1,005=	+ \$210		1251/2251 1252/2252 1253/2253 1254/2254 1255/2255
7. Enter any previous extension fee	- \$0	道的特別計劃	<b>公线数据开始</b>				
8.	Extension Fee	+ \$210	<b>主持以管理的</b> 。				
9. If Terminal Disclaimer attached,	+ \$110/\$55	+ \$55	1814/2814				
10. If IDS attached requires Official Fee under Rule 97 (c),					+ \$180 + \$180	+ \$0	1806 1806
11. After-Final Request Fee per rule	+ \$770/385	+ \$0	1809/2809				
12. No. of additional inventions for e	x \$770/385 ea	+ \$0	1810/2810				
13. Request for Continued Examina	+ \$770/385	+ \$0	1801/2801				
14. Petition fee for						+ \$0	
15. TOTAL						\$265	
<ul> <li>16. *If the entry in this space is less than entry in next space, the "Present Extra" result is "0".</li> <li>17. **If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.</li> <li>18. ***If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.</li> </ul>						PLEASE CHARGE OUR DEP. ACCT	

Our Deposit Account No. 16-1805 (Our Order No. 081476 306897

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

Sig:

Query: Is appeal deadline now? If so, file Notice of Appeals separately

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NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments